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PTO/58/02 (09-03) Approved for use through 11/30/2005. CMSB 0651-0035 U.S. Patent and Tradomart Officer, U.S. DEPARTMENT OF COMMERCE

20005-0004-020-1 (2009-68)

Under the Papaneoric Reduction Act of 1995, no paregns are required to repp nd to a collection of information unless it displays a valid OMB control number **Application Number** 09/468,083 REVOCATION OF POWER OF Filing Date December 21, 1999 ATTORNEY WITH First Named Inventor Kesarwani et el-**NEW POWER OF ATTORNEY** Art Unit AND Examiner Name A.L. Nalven **CHANGE OF CORRESPONDENCE ADDRESS** 

**Attorney Docket Number** hereby revoke all previous powers of attorney given in the above-identified application, ✓ A Power of Attorney is submitted herewith. OR I hereby appoint the practitioners associated with the Customer Number: Please change the correspondence address for the above-identified application to: The address associated with Customer Number: OR Firm or WITHERS & KEYS, LLC Ø Individual Name Address P.O. BOX 71355 Address State Zip City 30007-1355 Marietta ĢA Country LISA Telephone 678-565-4749 678-565-4748 I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/S8/96) SIGNATURE of Applicant or Assignee of Record Name Patent & Trademark Procurement, BeliSouth Intellectual Property Corporation Jacqueline Gregorski, Vice President Signature Telephone 404,249,2790 as the inventors or essignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one NOTE: Stanstun \_toma are aubmitted,

This ordiection of information is required by 37 CFR 1.38. The information is required to obtain or return a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 38 U.S.C. 122 and 37 CFR 1.14. This coffection is determined to take 3 minutes to complete, including gethering, propering, and submitting the completed application form to the USPTO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form andors suggestions for reducing this burden, should be sent by Chief information Officer, U.S. Peternt and Trademark Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandrie, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandrie, VA 22313-1450.

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**3019/034** 

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| Under the Paperwork Reduction Act of 1995, no persons are rec                                                                                                                                          |                                           |                                        | Application Number     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       | impation unless it displays a velid OMB control number. |                                                |            |
| POWER OF ATTORNEY and                                                                                                                                                                                  |                                           | Fliing Date First Named Inventor Title |                        | HEAT TO SERVICE AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PER |                                       | 09/468,083                                              |                                                |            |
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|                                                                                                                                                                                                        |                                           |                                        |                        | 1,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                       |                                                         |                                                |            |
| CORRESPONDENCE ADDRESS                                                                                                                                                                                 |                                           |                                        | Art Unit               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       | System and Method for Nithrogleg and Contuiting Date    |                                                |            |
| INDICATION FORM                                                                                                                                                                                        |                                           |                                        |                        | 2134                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                       |                                                         |                                                |            |
|                                                                                                                                                                                                        |                                           | Examiner Na                            |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | A.L., Nalven                          |                                                         |                                                |            |
|                                                                                                                                                                                                        |                                           |                                        | Attorney Decket Number |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 10er 20009.                           | 000403010                                               | 153/9-00)                                      |            |
| I hereby appoint:                                                                                                                                                                                      |                                           |                                        |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                                         |                                                |            |
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| Practitioners associated with the Customer Number:                                                                                                                                                     |                                           |                                        |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                                         |                                                |            |
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| Practitioner(s) named b                                                                                                                                                                                | elow:                                     |                                        |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                                         |                                                |            |
| Name Registration Number                                                                                                                                                                               |                                           |                                        |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                                         | _                                              |            |
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| James O. Withers; Jeramia J. Keys                                                                                                                                                                      |                                           |                                        |                        | 40,378; 42,724                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                       |                                                         |                                                |            |
| Matthew Todd Mitchem                                                                                                                                                                                   |                                           |                                        |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 46                                    | 0,731                                                   |                                                |            |
| Geoff Sulcliffe                                                                                                                                                                                        |                                           |                                        |                        | 36,348                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |                                                         |                                                |            |
| Jannifer Medlin                                                                                                                                                                                        |                                           |                                        |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       | 1,385                                                   |                                                | 7          |
| as my/our attorney(s) or agent<br>Trademark Office connected the                                                                                                                                       | (s) to prosecute the application netwith. | identified                             | Above, Bri             | d to tr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ansact all busin                      | ess in the                                              | United States Patent                           | and        |
| Please recognize or change th                                                                                                                                                                          | e correspondence address for t            | the above                              | -Idantified            | acoclic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ation to:                             |                                                         |                                                |            |
| 1                                                                                                                                                                                                      |                                           |                                        |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                                         |                                                |            |
| I ne accress easocia                                                                                                                                                                                   | ted with the above-mentioned C            | :usiomer :                             | Number:                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                                         |                                                |            |
| OR                                                                                                                                                                                                     | 1                                         |                                        |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del></del>                           | 7                                                       |                                                |            |
|                                                                                                                                                                                                        |                                           |                                        |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                                         |                                                |            |
| Ine address associa                                                                                                                                                                                    | ited with Customer Number:                |                                        |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                                         | •                                              |            |
| OR                                                                                                                                                                                                     |                                           |                                        |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                                         |                                                |            |
| Firm or Individual Name                                                                                                                                                                                | WITHERS & KEYS, LLC                       |                                        |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       | ·                                                       | · · · · · · · · · · · · · · · · · · ·          |            |
| Address                                                                                                                                                                                                | P.O. 8ox 71355                            |                                        |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                                         |                                                |            |
| Address                                                                                                                                                                                                |                                           |                                        |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                                         |                                                |            |
| City                                                                                                                                                                                                   | Marietta                                  | s                                      | tate                   | Georgia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Z                                     | P 30007-1355                                            |                                                |            |
| Country                                                                                                                                                                                                | USA                                       |                                        |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                                         |                                                |            |
| Telephone                                                                                                                                                                                              | 678-565-4748                              | F                                      | æх                     | 678-585-4749                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | -585-4749                             |                                                         |                                                |            |
| l <u>am</u> the:                                                                                                                                                                                       |                                           |                                        |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                                         |                                                |            |
| Applicant/Inventor.                                                                                                                                                                                    |                                           |                                        |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                                         |                                                |            |
| Assignee of record of                                                                                                                                                                                  | the entire interest. See 37 CFR           | 374                                    |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                                         |                                                |            |
|                                                                                                                                                                                                        | OFR 3.73(b) is enclosed. (Form            | PTO/SB/                                | 96)                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                                         |                                                |            |
|                                                                                                                                                                                                        | SIGNATURE of                              | Applican                               | t or Assig             | nee o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | f Record                              |                                                         |                                                |            |
| Name Jarbueline Green                                                                                                                                                                                  |                                           |                                        |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                                         |                                                | ·          |
| Signature / / / / /                                                                                                                                                                                    | rajti, Vice-President Patent & T          |                                        | Locnieu                | iont, E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | leilSouth Intelle                     | clusi Pro                                               | perty Corporation                              |            |
| Significate / College / Date                                                                                                                                                                           |                                           |                                        |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Yelest                                |                                                         |                                                |            |
| Date   Talephone   404,249,2790                                                                                                                                                                        |                                           |                                        |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       | 19.2790                                                 |                                                |            |
| NOTE: Signatures of all the inventors or multiples of record of the emire interest or their representative(s) are required, Submit multiple forms if more gigin one algorithm is required, each below. |                                           |                                        |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                                         |                                                |            |
| *Total of                                                                                                                                                                                              | forms are submitted.                      |                                        |                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                                         |                                                |            |
| This collection of information is each                                                                                                                                                                 | sered by 37 CFR 1.31 and 1.33. The        | o monuado                              | on is moure            | d to ob                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | tain or retain a be                   | medit by th                                             | e muhiic which is to file (as                  | of he fire |

USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 7.CPR 1.14. This collection is estimated to take 37 rainuaes to obtain or retain a breast by the public which is to file (and by the USPTO. Time will vary depending upon the instinction case. Any comments of the amount of time you require to complete this form and/or suggestions for reducing it is butten, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1460.

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PYC/Styles (08-03)
Approved for use through 07/31/2005, CMB 0851-0031
U.S. Patent and Tradement Office; U.S. DEPARTMENT OF COMMERCE

Under the Paparwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control rember STATEMENT UNDER 37 CFR 3,73(b) Applicant/Patent Owner: Amit Kesarwani et al. Application No./Patent No.: 09/468,083 Filed/Issue Date: December 21, 1999 Entitled: System and Method for Managing and Controlling Data BellSouth Intellectual Property Corporation corporation (Type of Assignee, e.g., corporation, partnership, university, government egency, etc.) states that it is: Ithe assignee of the entire right, title, and interest; or an assignee of less than the entire right, title and interest. The extent (by percentage) of its ownership interest is in the patent application/patent identified above by virtue of either: A. [/] An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded In the United States Patent and Trademark Office at Reel 010701 \_, or for which a copy thereof is attached. B. [ ] A chain of this from the inventor(s), of the patent application/patent identified above, to the current assignee as shown The document was recorded in the United States Patent and Trademark Office at , or for which a copy thereof is attached. 2. From: To: The document was recorded in the United States Patent and Trademark Office at , or for which a copy thereof is attached. 3. From: To: The document was recorded in the United States Patent and Trademark Office at ..., or for which a copy thereof is attached. [ ] Additional documents in the chain of title are listed on a supplemental sheet. [ ] Copies of assignments or other documents in the chain of title are ettached. [NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08) The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee. 7-1-04 Typed or printed new 404 249 2790 Telephone number

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a beneal by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is calibrated to take 12 minutes to complete, including gastrating, preparing, and submitting the completed application forms to the USPTO. Three will vary depending upon the including case. Any commonts on the encount of time your require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Petent and Trademark Office, U.S. Qependment of Complete Chief. 140. Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. BEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Title